

ABSTRACT

SOCIAL WORK

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A STUDY OF ALCOHOLISM, DRUG ABUSE, AND MENTAL ILLNESS

AS RISK FACTORS AMONG ADULTS WHOSE

PARENTS WERE SUBSTANCE ABUSERS

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This current study describes alcoholism, drug abuse, and mental illness as risk factors among adults whose parents were substance abusers. The intention of this study is to depict a relationship between Parental Substance Abuse and the onset of alcoholism, drug abuse, and mental illness amongst the children of substance abusers as they develop into adulthood. The study suggests having a substance abusive parent increases the risk of the child to develop substance dependencies as well as mental illness in their adulthood.

Through parental modeling children witness substance abuse and dependency. As a result, the behavior becomes innate. The results depict a significant statistical relationship at the .05 level of probability between parental substance abuse influencers and substance dependencies as well as mental illness amongst the persons that have been exposed to parental substance abuse influencers during their childhood. Alcoholism, drug abuse, and mental illness are risk factors among adults whose parents were substance abusers. This study also proposes new incentives to minimize this nationwide dilemma.

A STUDY OF ALCOHOLISM, DRUG ABUSE, AND MENTAL ILLNESS  
AS RISK FACTORS AMONG ADULTS WHOSE  
PARENTS WERE SUBSTANCE ABUSERS

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BY  
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## CHAPTER I

### INTRODUCTION

The preconceived assumptions of being one's own master of fate, may erroneously imply that one's fate is dependent on the individual's determination and confidence. Often, it is believed that one is adept at overcoming obstacles and addictive behaviors through mere fortitude. More specifically, substance abuse is often viewed as a dysfunctional behavior of choice. Many assume that individuals are in the state of substance dependency because the person chooses to be in that frame of mind. While in fact, research depicts that many adults suffering from an addiction, were exposed to parental substance abuse during their childhood and are mostly inept at not developing some type of substance dependence and mental illness (Jacob & Windle, 2000).

The Journal of the American Medical Association (1992), defined Alcoholism as a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.

According to Alcoholics Anonymous (2006), this definition suggests that Alcoholism is a reflexive and heritable disability. Individuals that are dependent on alcohol can be viewed as disabled because they are associated with a specified common

set of characteristics by which these individuals differ from the norm, and which places them at a disadvantage. Alcoholism can affect a person physically, emotionally, and socially. This disease can cause premature death through overdose, organic complications involving the brain, liver, heart and many other organs. Persons suffering with alcohol abuse often preoccupy themselves with the consumption of the substance thus ignoring vital life concerns. Alcoholic parents often become fixated on the substance to the extent of being neglectful to their families and obligations. The behavior of alcoholic parents can be associated with the onset of low self-esteem and disruptive behavior exhibited by their children. Alcoholism as well as drug abuse is one of the most common psychosocial disorders, affecting approximately 10% of the general population (Hedge, Veis, Seidman, Khan, & Moore, 2000).

The Diagnostic and Statistical Manual of Mental Disorders IV which is issued by the American Psychiatric Association, defines drug abuse as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home;
2. Recurrent substance use in situations in which it is physically hazardous;
3. Recurrent substance-related legal problems; or
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

According to Nora Volkow (2008) on the National Institute on Drug Abuse website, Parental drug abuse often means chaotic, stress-filled homes and child abuse and

neglect. Such conditions harm the well-being and development of children in the home and may set the stage for drug abuse in the next generation. Through parental modeling children witness substance abuse and dependency. As a result, the behavior becomes innate. Children of Substance Abusers are at risk of developing various risk factors. Most persons that witness substance abuse during their childhood develop diverse mental illnesses.

According to Zuckerman, Debenham, and Moore (1993), mental illness is usually identified when it begins to significantly interfere with the performance of major life activities, such as learning, thinking, communicating, and sleeping. The most common forms of mental illness are anxiety disorders, depressive disorders, and schizophrenia. Anxiety disorders, the most familiar group of mental illnesses, are distinguished by severe fear or anxiety linked with specific objects and situations. The majority of people suffering with anxiety disorders attempt to avoid contact with the situation that causes anxiety. More specifically, those that have been exposed to parental substance abuse are at risk of developing panic disorders, phobias, obsessive-compulsive behaviors, and even post-traumatic stress disorder.

Panic disorder can be defined as the sudden onset of paralyzing terror or impending doom with symptoms that closely resemble a heart attack. Phobias are the excessive fear of particular objects, situations that expose a person to the possible judgment of others, i.e., social phobias, or situations where escape might be difficult, agoraphobia. The definition of Obsessive-compulsive disorder is the persistent distressing thoughts or obsessions that a person attempts to alleviate by performing repetitive, intentional acts such as compulsions. Finally, Post-traumatic stress disorder

also known as PTSD, is a psychological syndrome, which is characterized by specific symptoms that result from exposure to terrifying, life-threatening trauma such as acts of violence and exposure to substance abuse (Zuckerman, Debenham, & Moore, 1993).

Zuckerman, Debenham, and Moore (1993) also described depressive disorders as mood disorders or affective disorders. Such mental illnesses cause disturbances or alter person's mood and behavior. Adults that have been exposed to parental substance abuse during their childhood are at greater risk of developing mental illness and substance dependencies. Children with parental substance abuse influencers are at risk of developing antisocial behaviors as well as low self-esteem. Because of neglect and maltreatment, majority of these persons are likely to express having symptoms of chronic depression, stress and anxiety. Previous research has relayed, untreated mental illness can disrupt an individual's personal, social, educational and work activities and, in some cases, may lead to suicide.

Many researchers and therapist have used the Afrocentric Perspective to address Parental Substance Abuse. Substance abuse is a major issue in many communities. In addition to an appreciation for human diversity, the Afrocentric Perspective allows researchers and therapist to demonstrate an understanding for the onset of major social issues that various communities face at large. Researchers and therapist use the Afrocentric Perspective and Strength Based Practice Model to address as well as develop possible intervention plans to assist in the alleviation of these societal issues. This perspective gives an augmented sense of communal awareness, which rivets one's ability to conceptualize individual as well as others' racial, ethnic, and cultural upbringings.

The Afrocentric Perspective employs unbiased, culturally responsive and receptive practice that seeks social and economic impartiality for all communities, exclusive to age, class, creed, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, and sexual orientation. This perspective brings to light other Biopsychosocial factors that add to the onset of many Social Problems faced by communities. Racism, discrimination, oppression, and social policies often have a cataleptic influence on different ethnic and cultural groups and frequently heighten as well as intensify the social problems that are faced by the community. The Strength Based Practice Model discusses the families' and/or communities' humanistic values and strengths. This practice addresses the problems faced as well as defines and identifies the importance of its existence and worth (Clark Atlanta University, MSW Program, 2008).

#### Statement of the Problem

As children witness their parent's depend on different substances, they automatically associate everyday life with alcohol and drug dependency. With these factors in mind, children of substance abusers are perceived as an at-risk population. Because parental substance abuse is known as a nationwide dilemma, one can recognize this problem as being a *risk factor* for future generations. Does having parental substance abuse influencers, increase the risk of a child developing substance dependencies as well as mental illness in their adulthood (Bijttebier, Goethals, & Ansoms, 2006)?

Previous research indicates that children of substance abusers are at heightening risks of developing substance dependencies as well as psychological difficulties. One can

visualize the onset of future substance abuse disorders among the children of substance abusers through the child's behavior and sentiment. Consequently, children of substance-abusing parents are a high-risk group and are expected to develop substance-abuse dependencies and experience more internalizing problems than their same-age peers that are not exposed to those factors (Lam, Kelly & Fals-Stewart, 2008).

### Purpose of the Study

This study suggests that having substance abusive parents increases the risk of children developing substance dependencies as well as mental illness in their adulthood. The purpose of this study is to identify, define, and address this social issue. By identifying the risk factors for future generations of substance abusers and addressing some of the Biopsychosocial factors that aid in the development of this crisis, possible innovative intervention procedures for all communities will also be attended to. The independent variable is described as the substance abusive parent. The dependant variable is characterized as future substance dependencies and mental illness disorders.

### Research Question

Does having parental substance abuse influencers, increase the risk of a child developing substance dependencies and/or mental illness in their adulthood?

### Hypothesis

The Null hypothesis proposes there will be no statistical relationship between parental substance abuse and children developing substance dependency and/or mental illness in their adulthood. The Alternate hypothesis proposes there will be a significant

statistical relationship between parental substance abuse and children developing substance dependency and/or mental illness in their adulthood.

### Significance of the Study

This current study examines the onset of alcoholism, drug abuse and mental illness and its relation to parental substance abuse influencers. In families where substance abuse is manifested, the behaviors and actions exhibited by the family members are often volatile and communication is usually ambiguous. In general, substance abuse usually has high correlation with domestic violence. With this in mind, many children of substance abusers witness spousal abuse and are greatly affected by domestic violence in the home. Many of these children are physically and emotionally abused, as a result these kids show mental illness symptoms of post-traumatic stress syndrome, sleep disturbances, flashbacks, anxiety, and depression. Parental substance abuse disrupts a child's normal development. This can cause children of substance abusers to be at a higher risk for emotional, physical and mental health problems.

Parents with alcohol or other substance abuse dependencies are more likely to engage in domestic violence, divorce, unemployment, mental illness as well as legal problems. These factors definitely have an influence on their capability to parent efficiently. Children of substance abusers have a higher pervasiveness in developing depression, apprehension, eating disorders and attempting suicide than their same age peers that are not exposed to parental substance abuse. Additionally, children of substance abusers are approximately 3-4 times at greater risk than others to become addicted to alcohol or other drugs themselves. Alcoholism, drug abuse, and mental illness

are risk factors amongst adult children of substance abusers. Parental Substance Abuse does not only affect lower socioeconomically challenged families and communities, it is especially evident in “Prime America” as well. This is a major problem in society, a problem that will only intensify itself if some type of intervention method is not applied immediately (Center on Addiction and the Family, 2008).



## CHAPTER II

### REVIEW OF LITERATURE

#### Historical Perspective

According to Eiden, Edwards, & Leonard, (2007) externalizing symptoms among children of alcoholic and drug-abusing parents are evident. Children of substance abusive parents are at an intensified risk for interpersonal and behavioral problems, psychiatric disturbances, and an early onset of substance abuse as they develop into adulthood. Researchers tested a conceptual model predicting children's externalizing behavioral problems. The role of parent's substance diagnoses, depression, and antisocial behavior in conjunction with the child's age (12-18 months) was examined when predicting parental warmth and sensitivity. Researchers used the high risk factors of children's self-regulatory abilities and lower parental warmth and sensitivity as mediators of association in the study (Eiden, Edwards, & Leonard, 2007; Chassin, Flora, & King, 2004; Melchert, 2000; Jackson, Sher, & Wood, 2000; Jacob & Windle, 2000).

#### Alcoholism

Bitjttebier, Goethals, and Ansoms (2006) discussed the relationship among parental substance abuse, familial environment, and child adjustment in a study consisting of a community of 207 children (ages 10-14). The study proposed that

children's maladjustment was an affect of parental substance abuse. Maladjustment is defined as the negative affect role, overall feelings of competence and self-worth.

Researchers affirmed that empirical evidence that suggests that substance abuse adversely affects the global family environment and the psychological well-being of the substance abuser's offspring. The study suggests that parental socialization performances have vital and permanent results on children and the emotional environment that parents endorse can have a considerable effect on their child's development. Researchers found that parental substance abuse was associated with low family cohesion and poor family organization, as a result there was a finding of low global self-worth of the child (Bitjttebier, Goethals, & Ansoms, 2006).

Barry and Fleming (1990) conducted a study that focused on family cohesiveness, expressiveness, and conflict. The researchers pulled their sample of alcoholics and non-alcoholics from a primary care facility. A history of familial alcohol abuse was evident in some of the participants. The Subjects of the study completed the NIMH Diagnostic Interview Schedule alcohol subscale, based on DSM-III criteria, and a family environment scale. The results displayed that alcoholics with a family history of alcoholism reported significantly less cohesion and expressiveness, and more conflict in their present families than non-alcoholics. Results suggest that a history of familial alcohol abuse in addition to alcohol problems can aid to the onset of family dysfunction.

Previous literature has discussed psychiatric disorders as risk factors amongst adult children of alcoholics. The researchers of this study indicated that the findings displayed that adult children of alcoholics had considerably higher occurrence of mood, anxiety and abuse/dependence disorders. Comparative to other parental problem

behaviors and childhood traumas, parental problem drinking was the strongest factor in the identification of psychiatric disorders, specifically, substance abuse and/or dependence disorders. The findings suggest, children of alcoholics are a high-risk group for psychiatric disorder (Cuijpers, Langendoen, & Bijl, 1999).

Previous literature has discussed characteristics of children of alcoholics. In a past study researchers sampled 253 children whose parents were alcoholics. Researchers then compared the sampled group with 237 children of non-alcoholics. Drug use, psychopathology, cognitive ability, and personality persona was analyzed for means of testing in this study. Children of alcoholics relayed having higher alcohol and drug problems, increased levels of alcohol consumption, intensified behavioral dysfunctions and neuroticism, as well as more psychiatric distress in comparison to children of non-alcoholics. In addition to these factors, children of alcoholics also experienced lower academic achievement and less verbal ability than children of non-alcoholics. The results conveyed a strong correlation between paternal alcoholism and offspring alcohol involvement (Sher, Walitzer, Wood, & Brent, 1991).

Clair and Genest (1987) conducted a multivariate model of adjustment to study and gain insight about the adjustment of children of alcoholics. The moderator variables were the family environment, social support as well as the children's coping behaviors. The Depression-Proneness Rating Scale and the Tennessee Self-Concept Scale were used as means of testing in this study. The results of the study suggested that children of alcoholics described their families to be dysfunctional and reported receiving less guidance from their parents than children of non-alcoholics. Children of alcoholics also

reported having various avoidant coping behaviors such as smoking, drinking, eating more than children of non-alcoholic parents.

Research on internalizing symptoms among children of substance abusers generally conclude that the children with parental substance abuse influencers are at risk of developing antisocial behaviors as well as low self-esteem and psychological disorders. A total of 220 families were studied to determine if parental substance abuse had an effect on children's behavioral internalization. Researchers found that there was an association between parental substance abuse and children's behavioral internalization (Eiden, Edwards, & Leonard, 2006).

Jacob, Windle, Seilhamer, & Bost (1999) consider a family history in alcoholism to be a major risk factor in the progression of future drinking problems in children of alcoholics. These researchers compared the drinking habits, psychiatric, and psychosocial status of 84 adult children of alcoholics with a total of 213 adult children of non-alcoholic parents with normal alcohol controls and psychiatric controls. Results depicted significantly higher occurrences of alcohol dependency as well as psychiatric and psychosocial disturbances in children of alcoholics than those of non-alcoholic parental influencers.

Other similar research discussed parent psychopathology, and child internalizing problems in substance-abusing families. During the study, "Researchers examined negative parenting as a mediator between parent internalizing and externalizing problems and child anxiety. Authors found through investigating concurrent internalizing

problems among substance-abusing families, to consistently reveal parental internalizing problems increase the risk for similar problems to occur in their children (Burstein, Stanger, Kamon, & Dumenci, 2006).

In a recent study conducted by El-Sheik and Flanagan (2001), marital conflict, parent-child conflict, as well as maternal and paternal depression symptoms were examined as intermediaries in the associations between fathers' and mothers' problem drinking and children's adjustment. Researchers solicited a sample of 6-12-year-old boys and girls and their mothers, fathers, and teachers from a community. Marital conflict, parent-child conflict, and maternal depression symptomatology were all analyzed in connection to father's problem drinking and children's externalizing and internalizing problems, and maternal depression symptoms. As each factor was examined, parent-child conflict demonstrated to be the most forceful moderator involving parental problem drinking and externalizing problems, and maternal depression symptomatology in addition to internalizing problems in children. Parent-child conflict, child adjustment and paternal and maternal depression symptoms had high correlation with parental problem drinking. The findings of the study suggested parent-child conflict in collaboration with parental alcohol abuse significantly has an effect on internalization of problems in the adult children alcoholics.

Parental tobacco and alcohol use was analyzed in a recent study. The physical and mental health status of children was examined. The findings suggested direct exposure to the substances can cause major health problems to children. In addition to health concerns living with parents who may become ill from using these substances can contribute to further internalizing problems. Researchers believe that children of

substance abusers have tendencies to model after parental substance use; as a result, they develop substance dependencies as well as internalizing factors that can lead to mental illness (Richter & Richter, 2001).

### Drug Abuse

Hyman, Paliwal, and Sinha (2007) conducted a study on childhood maltreatment, perceived stress-related and stress-related coping in recently abstinent cocaine dependant adults. During this study 50 men and 41 women of an inpatient treatment and research facility were studied. The authors administered a childhood trauma questionnaire and a COPE questionnaire. The men and women were questioned about their childhood experiences and parental influences. Many of the participants were exposed to parental substance abuse at a very young age and developed substance dependencies during adolescence. Because of neglect and maltreatment, majority of the participants expressed chronic depression, stress and anxiety.

Another study discussed the cycle of violence and the factors that contribute to the generational sequence. The study analyzed the life histories of 43 men on death row. The men explained that abuse was typically multigenerational and almost universally linked to intergenerational substance abuse. Many of the men were exposed to abusive behaviors and parental substance abuse dependencies at an early onset. As a result, the men developed dysfunctional behaviors and committed illegal activities and were sent to jail. Many of these men developed abusive traits and substance abuse dependencies as they embarked into adulthood. After being exposed to physical and substance abuse the men manifested extensive developmental problems. Researchers found that there was

great association between developmental trauma caused by parental physical and substance abuse and the early onset of dysfunctional behavior and substance abuse as the men matured into adulthood (Lisak & Beszterczey, 2007).

Eiden, Peterson, and Coleman (1999) developed a study that examined the quality of the care giving environment for young children of mothers with cocaine substance abuse dependencies. There were several components of the care giving environment that was analyzed: physical and social settings for development, maternal psychosocial functioning, as well as child-rearing customs and attitudes. The results of the study indicated that cocaine-using mothers were more likely to have symptoms of post-traumatic stress disorder. Cocaine-using mothers had tendencies of using excessive negative discipline measures for their children. Children of cocaine-using mothers were also more likely to be placed in foster care for longer periods of time.

Other previous literature has discussed relationships among childhood abuse, child placement, and successive adult performance. Researchers examined a sample population of an urban low-income community, African American mothers. Drug abuse, childhood sexual trauma and age were found to be correlated with severity of later drug use. This study suggests high correlation between drug abuse and the onset of other types of abuse. Sexual, emotional, and physical abuse are frequently present when there are parental substance abuse factors. Children observe their parents partaking in drug abuse and the behavior begins to be infused into their psyche. Substance abuse alters a person's behavior and as a result can cause a parent to become abusive and neglectful of their child's wellbeing. Consequently, parents that have substance dependencies are at great

risk of losing their children. As children are removed from their homes they experience even more emotional trauma (Marcenko, Kemp, & Larson, 2000).

During the participants' childhood, they were subconsciously taught to associate everyday life with substance abuse. When in trouble, parental modeling taught them to automatically turn to the substance to alleviate the pain. This demonstrated their inability to cope with stressful factors. The study relayed emerging evidence that childhood maltreatment and parental substance abuse may negatively affect the maturation of self-regulatory systems that enable an individual to modulate and tolerate aversive emotional states (Hyman, Paliwal, & Sinha, 2007).

### Mental Illness

Posner and Rothbart (2000) defined Self-regulation as the process of modulating behavior and affect given contextual demands, the ability to restrain improper actions and present the necessary behavior in response to the situational demands. Externalizing behavioral problems can be defined as inappropriate disturbances, antisocial behaviors, physical and verbal aggressions. Parental warmth and sensitivity is characterized by positive interaction, compassion, and overall tenderness exhibited to the child.

Researchers found a direct relationship between parent's depression and children's externalizing behavioral problems. Substance abuse interferes with the parent's capability to remain kind and encouraging during parent-child interaction, as a result the child experiences a lack of affection and self-worth. As the situation continues the child can develop feelings of remorse, anger, and low self-esteem and ultimately act out in order to get attention. This study emphasized the significance of parenting



behavior as a prominent predictor of the child's self-regulation (Posner & Rothbart, 2000).

A similar article also discussed the externalizing symptoms amongst children of substance abuse parents. More specifically, this study focused on the entry points for an antisocial pathway to substance abuse. The authors examined the association between parental substance abuse and developmental trajectories of externalizing systems of children (ages 2-17). Researchers studied early conduct problems as well as cognitive deficits and high-risk environments to determine the externalizing symptoms of children with substance abuse parents. Researchers found that children with substance abusive parents showed greater internalizing symptoms and neurobehavioral disinhibition and lower social competence than those who did not have substance dependent parents (Hussong, Wirth, Curran, Edwards, Chassin, & Zucker, 2007).

Previous preliminary research studies have discussed childhood exposure to parental problem drinking as a potential factor to the onset and development of anxiety sensitive symptoms. One study examined the role of exposure to distressing parental problem drinking behaviors, in addition to the role of parental alcoholism, in the advancement of various anxiety sensitivity components such as psychological, physical, and social distresses in the children of substance abusers. Researchers analyzed the possible mediating role of anxiety sensitivity mechanisms in explaining associations involving parental drinking problems and anxiety-related symptoms in the adult descendants (MacPherson, Stewart, & McWilliams, 2001).

MacPherson, Stewart, & McWilliams, (2001) sampled 213 university students for both stress related to parental drinking and parental alcoholism. Several tests were

occupied during this study: Children of Alcoholics Screening Test; State-Trait Anxiety Inventory-Trait subscale; Panic Attack Questionnaire-Revised; and the Maternal and paternal forms of the Short Michigan Alcoholism Screening Test. Many of the participants in this study exhibited general anxiety symptoms and lifetime history of un-cued panic attacks. The results of the study conveyed a relationship between anxiety sensitivity psychological concerns and parental problem drinking as well as general anxiety and un-cued panic outcomes in the descendants. Researchers concluded that the exposure to distressing parental problem drinking behaviors is a leading factor that contributes to eminent anxiety sensitivity psychological concerns in the child, which as a result may contribute to the development of anxiety disorder symptoms in the child's adulthood.

Chassin, Pitts, DeLucia, and Todd, (1999) conducted a longitudinal study that focused on children of alcoholics. Researchers' focal point was to predict young adult substance use disorders, anxiety, and depression. Anxiety, depression, and young substance abuse and dependency were tested in relation to the specificity of parental alcoholism factors in the home. A total of 454 families participated in the study. The children in the study were assessed during adolescence and young adulthood with structured interview measures. The findings of the study relayed distinctive effects on young adult substance abuse/ dependence diagnoses in correlation to parental alcoholism. These results superseded the effects of other parental psychopathology. The study suggested that parental alcoholism factors could be a partial factor in the onset of early adolescent externalizing symptoms. Parental substance abuse factors can lead to the

development of young adult depression, anxiety, and future substance dependencies in children of substance abusers.

A study conducted by Rodney and Mupier, (1999) sought to determine the relationship between parental alcoholism, feelings of self-esteem and depression among children of alcoholics. Researchers sampled 649 African American adolescents which varied between the ages of twelve to nineteen years old. Three instruments were used in the study: The Children of Alcoholics Screening Test, The Hopkins Symptom Checklist Revised, and The New York (Rosenberg) Self Esteem Scale. The results of the study illustrated that children of alcoholics scored lower on self-esteem than the non children of alcoholics. These children were found to experience a higher level of depression than the non children of alcoholics. Depression was one of the strongest indicators of being a child of an alcoholic. The results of the study showed all the findings to be statistically significant.

Other literature discusses the sentiment, psychosocial status, mental health and development and the onset of anxiety and depressive behaviors of children exposed to parental substance abuse. Research that analyzed the overall sentiment of children exposed to parental substance abuse generally concluded that the influence of parental substance abuse subconsciously molds the development of children's psychosocial status as well as mental health. Parental substance abuse can increase the risk of the child developing anxiety and depressive disorders. In addition to psychological disorders, children that are exposed to parental substance abuse are more likely to become substance abusers in their adulthood (Jacob, Windle, Seilhamer, & Bost, 1999).

### Afrocentric Perspective

According to Clark Atlanta University, Whitney M. Young, Jr. School of Social Work class room instruction (2007), the Afrocentric Perspective and Strength Based Practice Model are frequently, used tools that are employed by many researchers that assist in understanding the plight of diverse communities and social problems. The Afrocentric Perspective aids in the development of communal awareness and ability to understand and appreciate the racial, ethnic, and cultural upbringings of others. Through impartial and culturally receptive practice this perspective aids in addressing the social problems of all diverse communities.

Parental substance abuse is a social problem that all communities face. However, lower socio-economical communities are plagued with this crisis at a more alarming rate. The Afrocentric and Strengths Perspective addresses the need of the family, exposes the underlying factors that has brought the onset of problem, as well as educates the family on their strengths and humanistic value. Substance abuse is often viewed as a dysfunctional behavior of choice. Many people view substance abusers as weak insignificant and selfish individuals. Often, many substance abusers view themselves in this type of manner as well (CAU WMYJR, Class Room Instruction, 2007).

The Afrocentric Perspective addresses substance abuse as a disease. Alcoholism and drug abuse is an illness that can be clearly distinguished in many families. The illness of substance abuse is clearly distinguished in many families because it is evident in their history. These factors are generationally inherited and because this diseased behavior is so strong, the children witnessing parental substance abuse almost are

incapable of not developing some type of substance dependency and mental illness (CAU WMYJR, Class Room Instruction, 2007).

The Afrocentric Perspective addresses the need of the community by viewing this social problem of substance abuse as a disease rather than a behavior of choice.

Alcoholism, drug abuse and mental illness are risk factors among adults whose parents were drug abusers. Research depicts high correlation between the early onset of substance abuse in adolescents/young adults and parental substance abuse influencers.

The Afrocentric Perspective allows the individual and family to view substance dependency as a generational illness rather than a behavior. Because the family is able to associate the addiction with illness, the Afrocentric Perspective allows the individual to view the addiction in a different manner thus encouraging treatment (CAU WMYJR, Class Room Instruction, 2007).

The Afrocentric Perspective also identifies the underlying factors that assist in the onset of social problems. Parental substance abuse is extremely evident in lower socio-economical communities. Bio-psychosocial factors also aid to the onset of parental substance abuse in countless communities. Racism, discrimination, poverty, oppression, violence, lack of adequate education, and social policies are a few underlying factors that can have a cataleptic effect on as well as intensify the early onset of substance abuse in the community. These underlying factors reinstate worthlessness, prejudice, as well as oppression and depression in many individuals suffering from substance dependencies. There are numerous social policies that are not beneficial to lower socio-economical communities. Instead these policies aid in the deterioration of people, families, and communities. Many substance abusers become engulfed by these underlying factors and

are unable to overcome the obstacles. Consequently, they refer to other means of coping, a dysfunctional pattern of habits, and an illness that has been subconsciously embedded into their psyche at a very young age (CAU WMYJR, Class Room Instruction, 2007).

The Afrocentric Perspective and Strength Based Practice Model educates the family and individual on their strengths and humanistic value by allowing them to define their existence and worth. Afro-centrism advocates for communal togetherness, each person taking care of the other thus taking care of the community and society as a whole. The Strengths-Based Practice model assesses and focuses on the inherited strengths rather than the less appealing attributes of the individual, and then builds on them. The Strengths Based Practice Model uses peoples' personal strengths to aid in recovery and empowerment (CAU WMYJR, Class Room Instruction, 2008).

These perspectives work towards instilling self-worth, value, and strength in the individuals that are lacking. The Afrocentric Perspective and Strength Based Practice Model counteract the disease of addiction by reinstating strength-based perspectives in children of substance abusers as well as the substance abusers themselves. This practice model assists in the recognition and organization of strengths in addition to empowering individuals towards the development of their goals and aspirations (CAU WMYJR, Class Room Instruction, 2008).

### Theoretical Framework

The current study addresses the risk factors of parental substance abuse through the Symbolic Interaction Theoretical Perspective. This perspective began with the German sociologist George H. Mead and Max Weber. The symbolic interaction theory

suggests that society is viewed on a micro level of analysis. In this perspective there is a constant process of social interaction, which explains that individuals take each other into account in discernable ways. Symbolic Interactionalism proposes that people thrive on face-to-face interaction and create social compromises for specific meanings and definitions. This theory's perceptions of reality are constantly variable and changing. Society basically constructs the realm of reality that is appropriate for the community. Finally, the perspective proposes that reality is perceived in the minds of people and individuals define and redefine meanings of interaction (Grinnell College, 2008).

In conjunction with the current study, this theory highlights why children of substance abusing parents are at risk of developing into substance abusers in their adulthood. The perspective stresses the need for interaction, this factor characterizes most of our perceptions, ideals, and meanings. As a result the perspective explains why children feel a lack of connection, anxiety, and stress when substance abuse parents refrain from personal interaction, or lack warmth during parent-child interaction. The proposition of reality constantly changing is an evident factor in the current study. Children are exposed to a false reality of life, they are subconsciously taught through parental modeling that drug abuse is a normality and another means to relief. Because society constructs the realm of reality that is appropriate, once the child begins to develop and is exposed to the social norm, they rebel against the social norm and demonstrate the behavior that was subconsciously taught to them. As a result, the child's perspective of reality is misconstrued in a dysfunctional manner and the meaning of social interactionalism is redefined (Grinnell College, 2008).

## CHAPTER III

### METHODOLOGY

Chapter III initiates the methodology procedures that were utilized in producing the final assessment of the study. The following are discussed in this chapter: research design, description of the site, sample and population, instrumentation, treatment of data, and limitations of the study.

#### Research Design

The task of the current study is to depict a direct relationship between parental substance abuse influencers and substance dependencies among adults that were exposed to parental substance abuse during their childhood. An additional function of the study is to exhibit a direct relationship between parental substance abuse influencers and mental illness among adults that were exposed to parental substance abuse in their childhood. To accurately determine if there is a relationship amongst these factors, participants will be asked to answer a questionnaire.

A descriptive design will be implemented in the study to determine if there is a relationship between parental substance abuse influencers and substance dependencies among adults that were exposed to parental substance abuse during their childhood. Also the design will be implemented to determine if there is an association between parental substance abuse influencers and mental illness among adults whose parents were



substance abusers. Data will be collected through the descriptive research design. A descriptive design examines if there are any patterns of relationships between and amongst the variables. This design method does not illustrate direct causation however it does predict a relationship of association and correlation.

The Explanatory Design (Descriptive Research Design) was implemented in the production of the study. The design compared the three groups on their measurements of the dependent variables (the groups with substance dependencies and mental illness, mental illness, and the group that was not exposed to parental substance abuse influencers). Participants from groups one and two were exposed to the independent variable during their childhood (parental substance abuse).

The control group consisted of the 9 participants. These persons reported not being exposed to the independent variable (parental substance abuse) during their childhood. However, substance abuse and or mental illness are evident despite these individuals never being exposed to parental substance abuse during their childhood. As a result, this factor could have a possible affect on the results of this current study. Even though the control group has no parental substance abuse influencers during their childhood, they still remain comparable to the other groups because all of the participants were randomly selected from the same agencies populations. The control group's results were then compared to the two experimental group's results.

In addition to the Descriptive design, the utilization of the descriptive and explanatory means of analyses in this study was justified because these methods are the most appropriate at depicting a relationship between the independent and dependant variables. Even though this design does not exhibit a direct cause and effect relationship,

it does show that the variables have high correlation and association. There are many factors that could contribute to a person having substance dependencies and or mental illness. As a result, those alternative factors prohibit researchers to examine the study in any other venue. Substance dependencies as well as mental illness incorporated with many other factors (i.e., biological and hereditary factors) could aid in the onset of these disabilities. The descriptive design confirms that there is a relationship and high association amongst the independent and dependant variables. The control group's questionnaire is compared with the results of the other groups.

#### Description of the Site

Participants were anonymously recruited from a non-profit life stabilization mental health program located in Atlanta, Georgia and a substance abuse treatment program for female prisoners in Alto, Georgia. The agencies main goals are to change lives by assisting individuals as they regain confidence and independence. Majority of the clientele are African American, male and 40 years of age or older. During treatment the individuals recover from their addiction while building upon their skills to develop a stronger work ethic in order to achieve their definitive goals, which is self-sustainability.

All of the participants reported having some type of mental illness and or substance dependency at some point in their lives. The control group consisted of persons that reported not being exposed to parental substance abuse influencers during their childhood, however many of these individuals reported being dependent on a substance or as having mental illness.

### Sample and Population

The target population for this research study consisted of men and women of diverse races, ages ranged from 18 and older. Participants were adult males and females in addition to two transsexual persons. The participants were African American, Caucasian, and Spanish Americans. The Institutional Review Board (IRB) at Clark Atlanta University approved the collecting of data from the non-profit life stabilization mental health program located in Atlanta, Georgia and a substance abuse treatment program for female prisoners in Alto, Georgia. A total of forty-two participants were anonymously recruited from the two facilities. There were no monetary incentives given to the participants for participation in the survey.

### Instrumentation and Measures

A questionnaire was utilized as an assessment tool for the measurement of this study. The questionnaire was entitled *A Study about Alcoholism, Drug Abuse, and Mental Illness as Risk Factors Among Adults whose Parent's were Substance Abusers*. The questionnaire consisted of two sections. The first section solicited the demographic information of the participants was titled "Section I." The first section obtained six questions. The second section was entitled, "Section II: How much do you agree with the following statements?" Section II was divided into three different sections and obtained a total of fifteen questions. The questionnaire measured the agreeability of the participants. A Likert Scale (4=Strongly Agree, 3=Agree, 2=Disagree, 1=Strongly Disagree) was used to analyze the participant's perception about their substance dependencies, past parental substance abuse influencers, and mental illness.

The first section of section II was entitled: “Substance Dependency.” Questions seven through eleven: I feel overwhelmed when I do not drink alcohol or take drugs (OVERWHL), My children see me drinking and/or doing drugs (SEEME), When I do not drink and/ or do drugs I get very angry (ANGRY), I am neglectful to my children when I am drunk and/or high (NEGLECT), and I pay a lot of attention to my kids when I am drunk and/or high (ATTENT) were used to determine the participant’s perception about their substance dependencies.. The five questions  $([OVERWHL + SEEME + ANGRY + NEGLECT + ATTENT]/5)$  structure the computed variable SUBDEPEN, that was utilized in measuring the relationship between parental substance abuse and substance dependency/mental illness.

The second section of section II was entitled “Parental Substance Abuse.” Questions eleven through sixteen: As a child, I witnessed my parents drinking and/or doing drugs (PARENTS), I felt neglected by my parents when I was a child (FELT), Often my parents became extremely angry when they did not drink and/or do drugs (EXTREME), My parents did not pay a lot of attention to me when they were drunk and/or high (DRUNK), and In my household growing up the use of alcohol and/or drugs was a normal occurrence (HOUSE).. Those five questions  $([PARENTS + FELT + EXTREME + DRUNK + HOUSE]/5)$  structure the computed variable PREABUSE, that was utilized in measuring the relationship between parental substance abuse and substance dependency/ mental illness.

The third section of section II was entitled “Mental Illness.” Questions seventeen through twenty-one: I have been diagnosed with a mental illness/disorder (DIAGNOS), I have been treated for a mental illness (TREATED), I have low self-esteem (ESTEEM),

My parents were diagnosed with a mental illness/disorder (DISORDER), and I sometimes feel worthless and/or alone (WORTHLES). Those five questions ([DIAGNOS + TREATED + ESTEEM + DISORDER + WORTHLES]/5) structure the computed variable MENTALIL, that was also utilized in measuring the relationship between parental substance abuse and substance dependency/ mental illness. The questionnaire was scrutinized by Statistical Package for Social Sciences (SPSS) for statistical evaluation.

A positive or negative perception about their personal substance dependencies, past parental substance abuse influencers, and mental illness (SUBDEPEN, PREABUSE, and MENTALIL) will be defined and determined by a positive or negative computed variable of the same.

#### Treatment of Data

The Statistical Package for Social Sciences (SPSS) for statistical evaluation was used in analyzing the data presented by the participants. The test statistics utilized in evaluating the data was chi squared. The evaluation employed the descriptive statistics, which incorporated frequency distribution and cross-tabulation.

The demographic profile incorporated questions that identified the participant's gender, race, age group, relationship status, whether they have children, and if they have ever been dependent on a substance. A frequency distribution analyzed the data and a cross-tabulation was utilized in examining the relationship between the three variables of the study.

A frequency distribution of the demographic information was utilized to obtain acuity about the participants of the study. Frequency distributions were also used to examine and abridge the variables in the study.

Cross-tabulations were used to reveal the statistical relationship between the variables of the study. Cross-tabulations were computed between the variables, perception about their personal substance dependency (SUBDEPEN), perception about their past parental substance abuse influencers (PREABUSE), and perception about mental illness status (MENTALIL). Chi Squared test statistics was utilized to examine whether a significant statistical relationship existed at the 0.05 level of probability among the variables of the study.

### Limitations of the Study

There were numerous amounts of limitations in this study. The first limitation of the study was the number of participants (42). Only forty-two questionnaires were completed and that amount does not adequately represent the population at large. Another limitation of this study was, the questionnaire was not recycled from a preceding study, it was created by the researcher and used solely for the examination of this study.

## CHAPTER IV

### PRESENTATION OF FINDINGS

The intention of this chapter is to present the findings of the final evaluation of the study. The questionnaires were administered to African American, Caucasian, and Spanish Americans adult males and females and two transsexual persons. These persons were participants of a non-profit life stabilization mental health program located in Atlanta, Georgia and a substance abuse treatment program for female prisoners in Alto, Georgia. The purpose of this study was to reveal a relationship between parental substance abuse and mental illness/ substance dependency amongst adults that were exposed to parental substance abuse influencers during childhood.. The results of the study are computed into two sections: demographic data and research question and hypothesis.

#### Demographic Data

The demographic profile consisted of the following: gender, race, age group, relationship status, whether they have children, and if they have ever been dependent on a substance. The study population was composed of 42 questionnaires which specified the participant's gender. There were 30 male, 10 female and 2 transsexual participants. The participants consisted of 34 African Americans, 7 Caucasians, and 1 Spanish person. The participant's age groups are the following: 18-25(2), 26-33(4), 34-41(8), 42-49(10),

50-57(12), and 58-65 (6). Thirty of the participants were single, 5 married, 5 separated, and 2 were divorced. Participants indicated whether or not they had children; 29 answered yes, while 13 answered no. Lastly, the participants indicated if they have ever been dependent on a substance. 30 participants indicated being substance abusers whereas 12 participants reported not ever being dependent on a substance.

Table 1

Demographic profile of study participants (N=42)

Variable	Frequency	Percent
<b>Gender</b>		
Male	30	71.4
Female	10	23.8
Both	00	00.0
Transsexual	02	04.8
<b>Race/Ethnicity</b>		
Caucasian	07	16.7
African American	34	81.0
Asian	00	00.0
Spanish Decent	01	02.4
Native American	00	00.0
Other	00	00.0
<b>Age Group</b>		
18-25	02	04.8
26-33	04	09.5
34-41	08	19.0
42-29	10	23.8
50-57	12	28.6
58-65	06	14.3
66+	00	00.0



Table 1 (continued)

Variable	Frequency	Percent
Relationship Status		
Single	30	71.4
Engaged	00	00.0
Married	05	11.9
Separated	05	11.9
Divorced	02	04.8
Children		
Yes	29	69.0
No	13	31.0
Dependent on a Substance		
Yes	30	71.4
No	12	28.6

Table 1 is a profile of the study participants. The table portrays the frequency distribution of the participants' demographic variables utilized in the study.

As depicted in Table 1, the typical respondent of the study was a substance dependent African American single male, between the ages of 50 and 57, that has children.

Table 2

I feel overwhelmed when I do not drink alcohol or take drugs (N=42)

Variable	Frequency	Percent
Disagree	20	47.6
Agree	22	52.4
Total	42	100.0

Table 2 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not feeling overwhelmed when drugs and/or alcohol are not consumed. Of the 42 participants, 47.6% disagreed. They do not feel overwhelmed when drugs and/or alcohol are not consumed. However, 52.4% of the participants agreed with the statement. Those participants indicated feeling overwhelmed when drugs and/or alcohol are not consumed.

Table 3

My children see me drinking and/or doing drugs (N=42)

Variable	Frequency	Percent
Disagree	23	54.8
Agree	19	45.2
Total	42	100.0

Table 3 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not their children witness them drinking and/or doing drugs. As portrayed in Table 3, 54.8% of the 42 participants do not consume substances in the presence of their children. While yet 45.2% of the participants reported exposing their children to parental substance abuse.

Table 4

When I do not drink and/or do drugs I get very angry (N=42)

Variable	Frequency	Percent
Disagree	29	69.0
Agree	13	31.0
Total	42	100.0

Table 4 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, reporting whether or not they get angry if they do not drink and/or do drugs. Table 4 shows that majority of the participants disagree, in that 69% of the 42 participants reported not being angry when they are unable to drink and/or do drugs. Conversely, 31% of the participants agreed, they do become angry when they do not drink and or do drugs.

Table 5

I am neglectful to my children when I am drunk and/or high (N=42)

Variable	Frequency	Percent
Disagree	21	50.0
Agree	21	50.0
Total	42	100.0

Table 5 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating if they are neglectful to their children when they are drunk and/or high. Out of the 42 participants, Table 5 displays, half of the participants report not being neglectful to children when drunk or high. Whereas the other 50% of the participants indicated being neglectful to their children when they are under the influence of a substance.

Table 6

I pay a lot of attention to my kids when I am drunk and/or high (N=42)

Variable	Frequency	Percent
Disagree	37	88.1
Agree	05	11.9
Total	42	100.0

Table 6 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not they pay a lot of attention to their children when they are drunk and/or high. As shown in Table 6, majority of the participants do not believe they pay a lot of attention to their children when they are under the influence of a substance, as 88.1% of the 42 participants reported not paying a lot of attention to their children while they are drunk and/or doing drugs. However 11.9% did report paying attention to their children while drunk and/or high.

Table 7

As a child I witnessed my parents drinking and doing drugs (N=42)

Variable	Frequency	Percent
Disagree	11	26.2
Agree	31	73.8
Total	42	100.0

Table 7 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not to have been exposed to parental substance abuse in their childhood. As shown in Table 7, 73.8% of the 42 participants reported being exposed to parental substance abuse influencers during their childhood, while 26.2% reported never witnessing their parents drinking and/or doing drugs.

Table 8

I felt neglected by my parents when I was a child (N=42)

Variable	Frequency	Percent
Disagree	16	38.1
Agree	26	61.9
Total	42	100.0

Table 8 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not the participant felt neglected by their parents during childhood. According to Table 7, 61.9% of the 42 participants felt neglected by their parents during childhood. On the other hand, 38.1% disagreed and reported not feeling neglected by their parents during their childhood.

Table 9

Often, my parents became extremely angry when they did not drink and/or do drugs (N=42)

Variable	Frequency	Percent
Disagree	19	45.2
Agree	23	54.8
Total	42	100.0

Table 9 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating during their childhood, whether or not their parents became angry when they were unable to drink and/or do drugs. Majority of the participants agreed. As shown in Table 9, 54.8% of the 42 participants indicated during their childhood their parents often became angry when unable to drink and/or do drugs. Also depicted in Table 9, 45.2% of the participants disagreed. Those participants reported, during their childhood their parents did not become extremely angry when unable to drink and/or do drugs.

Table 10

My parents did not pay a lot of attention to me when they were drunk and/or high (N=42)

Variable	Frequency	Percent
Disagree	16	38.1
Agree	26	61.9
Total	42	100.0

Table 10 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating during their childhood, whether or not their parents paid a lot of attention to them when drunk and/or high. As shown in Table 10, 61.9% of the 42 participants indicate during their childhood their parents did not pay a lot of attention to them when drunk and/or high. On the other hand, 38.1% of the participants disagreed. Those participants reported their parents did pay attention to them when they were drunk and/or high.



Table 11

In my household growing up the use of the alcohol and drugs was a normal occurrence (N=42)

Variable	Frequency	Percent
Disagree	14	33.3
Agree	28	66.7
Total	42	100.0

Table 11 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating during their childhood, whether or not the use of alcohol and/or drugs was a normal occurrence in the household. As displayed in Table 11, majority of the participants agreed, with 66.7% of the 42 participants reporting that in their household, during childhood, the use of alcohol and/or drugs was a normal occurrence. Conversely, 33.3% of the participants did not agree the use of alcohol and drugs was not a normal occurrence in their childhood.

Table 12

I have been diagnosed with a mental illness/disorder (N=42)

Variable	Frequency	Percent
Disagree	12	28.6
Agree	30	71.4
Total	42	100.0

Table 12 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not they have been diagnosed with a mental illness/disorder. According to Table 12, 71.4% of the 42 participants agreed and have been diagnosed with a mental illness/disorder. Conversely, 28.6% of the participants disagreed and have not been diagnosed with a mental illness/disorder.

Table 13

I have been treated for a mental illness (N=42)

Variable	Frequency	Percent
Disagree	13	31.0
Agree	29	69.0
Total	42	100.0

Table 13 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not they have been treated for a mental illness. As shown in Table 13, majority of the participants agreed. The results revealed that 69.0% of the 42 participants have been treated for mental illness, while 31.0% have not received treatment for mental illness.

Table 14

I have low self-esteem (N=42)

Variable	Frequency	Percent
Disagree	11	26.2
Agree	31	73.8
Total	42	100.0

Table 14 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not they have low self-esteem. Of the 42 participants, 73.8% indicated having low self-esteem. However, 26.2% of the participants reported not having low self-esteem.

Table 15

My parents were diagnosed with a mental illness/disorder (N=42)

Variable	Frequency	Percent
Disagree	25	59.5
Agree	17	40.5
Total	42	100.0

Table 15 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not their parents were diagnosed with a mental illness/disorder. As shown in Table 15, majority of the participants disagreed, with 59.5% of the 42 participants having reported their parents were not diagnosed with a mental illness/disorder. However, 40.5% of the participants reported their parents to have been diagnosed with a mental illness/disorder.

Table 16

I sometimes feel worthless and alone (N=42)

Variable	Frequency	Percent
Disagree	10	23.8
Agree	32	76.2
Total	42	100.0

Table 16 is a frequency distribution of 42 participants of a non-profit life stabilization mental health program and a substance abuse treatment program, indicating whether or not they sometimes feel worthless and alone. Out of the 42 participants, 76.2% indicated feeling worthless and alone, whereas 23.8% of the participants disagreed with the statement. They did not feel worthless and alone.

Table 17

Participants perception about their personal substance dependency (N=42)

Variable	Frequency	Percent
Disagree	34	81.0
Agree	8	19.0
Total	42	100.0

Table 17 is a frequency distribution for the computed variable of perception about their personal substance dependency. The five questions from the assessment tool were used to form the computed variable subdepen toward their perception about personal substance dependency (SUBDEPEN): I feel overwhelmed when I do not drink alcohol or take drugs (OVERWHL), My children see me drinking and/or doing drugs (SEEME), When I do not drink and/ or do drugs I get very angry (ANGRY), I am neglectful to my children when I am drunk and/or high (NEGLECT), and I pay a lot of attention to my kids when I am drunk and/or high (ATTENT) were used to determine the participant's perception about their substance dependencies. The five questions  $([OVERWHL + SEEME + ANGRY + NEGLECT + ATTENT]/5)$  structure the computed variable SUBDEPEN that is used in measuring the perception about their personal substance dependency thus examining the relationship between parental substance abuse and substance dependency/ mental illness.

As shown in Table 17, majority of the clients disagreed and had a positive substance dependency perception. Of the 42 participants, 81.0% did not feel overwhelmed or angry when drugs and/or alcohol were not consumed. They also reported not being neglectful or inattentive to children while intoxicated with a substance. Those participants indicated they have not exposed their children to parental substance abuse influencers. However, 19% agreed, and had a negative substance dependency perception. These persons viewed themselves as becoming overwhelmed and angry when unable to use drugs and/or drink alcohol. They also reported exposing their child to parental substance abuse in addition to being neglectful and inattentive to children while under the influence of a substance.

Table 18

Participants perception about their parent's substance abuse/dependency during their childhood (N=42)

Variable	Frequency	Percent
Disagree	21	50.0
Agree	21	50.0
Total	42	100.0

Table 18 is a frequency distribution for the computed variable of perception about their parent's substance abuse/dependency during their childhood. The five questions from the assessment tool were used to form the computed variable preabuse toward their perception about their parent's substance abuse/dependency during their childhood (PREABUSE): As a child, I witnessed my parents drinking and/or doing drugs (PARENTS), I felt neglected by my parents when I was a child (FELT), Often my parents became extremely angry when they did not drink and/or do drugs (EXTREME), My parents did not pay a lot of attention to me when they were drunk and/or high (DRUNK), and In my household growing up the use of alcohol and/or drugs was a normal occurrence (HOUSE). Those five questions  $([PARENTS + FELT + EXTREME + DRUNK + HOUSE]/5)$  structure the computed variable PREABUSE, that is used in measuring the perception about their parent's substance abuse/dependency during their childhood, thus continuing the analysis of the relationship between parental substance abuse and substance dependency/ mental illness.

Of the 42 participants in this study, half of them agreed and reported a positive parental substance abuse perception. Table 18 depicts, 50% of the participants indicated never being exposed to parental substance abuse influencers during their childhood. Neither did they report feeling neglected or ignored during childhood by their parents while they were under the influence of a substance. The participants also indicated during their childhood their parents did not become angry when unable to consume alcohol and/or drugs. Lastly, those participants reported alcohol and drug usage was not a normal occurrence in their household while growing up. The other half of the participants reported a negative parental substance abuse perception. 50% of the participants during their childhood felt neglected and ignored by their parents and were exposed to parental substance abuse influencers. They also reported alcohol and drug usage as being a normal occurrence in their household in addition to their parents becoming extremely angry if unable to consume alcohol and/or drugs.

Table 19

Participants perception about their current mental illness status (N=42)

Variable	Frequency	Percent
Disagree	17	40.5
Agree	25	59.5
Total	42	100.0



Table 19 is a frequency distribution for the computed variable of perception about their mental illness status. The five questions from the assessment tool were used to form the computed variable mentalil toward their perception about their current mental illness status (MENTALIL): I have been diagnosed with a mental illness/disorder (DIAGNOS), I have been treated for a mental illness (TREATED), I have low self-esteem (ESTEEM), My parents were diagnosed with a mental illness/disorder (DISORDER), and I sometimes feel worthless and/or alone (WORTHLES). Those five questions  $([DIAGNOS + TREATED + ESTEEM + DISORDER + WORTHLES]/5)$  structure the computed variable MENTALIL, that is also utilized in measuring the perception about their current mental illness status, thus continuing the analysis of the relationship between parental substance abuse and substance dependency/ mental illness.

As shown in Table 19, 40.5% of the 42 participants disagreed and had a positive perception about their current mental illness status. Those participants reported, not ever being diagnosed or treated for a mental illness. They also indicated no family history of mental illness, neither did they have low self-esteem or feel worthless and/or alone. However the majority of the participants, 59.5% agreed and had a negative perception about their current mental illness status. Those participants indicated feeling alone and worthless in addition to having low self-esteem. They also reported being diagnosed and treated for mental illness as well as having a family history in mental illness.

### Research Question and Hypothesis

**Research Question:** Does having parental substance abuse influencers, increase the risk of a child developing substance dependencies and/or mental illness in their adulthood?

**Null hypothesis:** There is no statistical relationship between parental substance abuse and children developing substance dependency and/or mental illness in their adulthood.

**Alternate hypothesis:** There is a significant statistical relationship between parental substance abuse and children developing substance dependency and mental illness in their adulthood.

Table 20

Cross-tabulation of the computed variable (MENTALIL) participant's perception about mental illness status by the computed variable (PREABUSE) perception of parental substance abuse/dependency. (N=42)

			MENTAL ILLNESS		
			Disagree	Agree	Total
PARENTAL SUBSTANCE ABUSE	Disagree	Count %of Total	13 31.0%	8 19.0%	21 50.0%
	Agree	Count %of Total	4 9.5%	17 40.5%	21 50.0%
Total		Count %of Total	17 40.5%	25 59.5%	42 100.0%
P=0.005, df=1					

Table 20 is a cross-tabulation of the perception about their mental illness status by the computed variable mentalil in comparison with the perception of parental substance abuse/dependency by the computed variable preabuse. Table 20 displays there is a significant statistical relationship (0.005) between mental illness and parental substance abuse at the 0.05 level of probability. Of the 42 participants, 17 (40.5%) responded positively, and agreed that they have been exposed to parental substance abuse in addition to also reporting a positive mental illness status, thus acknowledging being diagnosed and treated for a mental illness.

Table 21

Cross-tabulation of the computed variable (SUBDEPEN) participant's perception about personal substance abuse/dependency by the computed variable (PREABUSE) perception of parental substance abuse/dependency. (N=42)

		PARENTAL SUBSTANCE ABUSE			
			Disagree	Agree	Total
SUBSTANCE DEPENDENCY	Disagree	Count %of Total	20 47.6%	14 33.3%	34 81.0%
	Agree	Count %of Total	1 2.4%	7 16.7%	8 19.0%
Total		Count %of Total	21 50.0%	21 50.0%	42 100.0%

P=0.018, df=1

Table 21 is a cross-tabulation of the participant's perception about their personal substance abuse/dependency by the computed variable subdepend in comparison with the perception of parental substance abuse/dependency by the computed variable preabuse. As shown in Table 21, there is a significant statistical relationship (0.018) between parental substance abuse and substance abuse/dependency at the 0.05 level of probability. Of the 42 participants, 14 (33.3%) reported being exposed to parental substance abuse influencers during childhood however did not indicate any personal substance abuse/dependency. Seven (16.7%) of the 42 participants reported being exposed to parental

substance influencers during their childhood in addition to having a personal substance dependency.

Table 22

Cross-tabulation of the computed variable (SUBDEPEN) participant's perception about personal substance abuse/dependency by the computed variable (MENTALIL) perception of mental illness status. (N=42)

			MENTAL ILLNESS		
			Disagree	Agree	Total
SUBSTANCE DEPENDENCY	Disagree	Count %of Total	17 40.5%	17 40.5%	34 81.0%
	Agree	Count %of Total		8 19.0%	8 19.0%
Total		Count %of Total	17 40.5%	25 59.5%	42 100.0%

P=0.010, df=1

Table 22 is a cross-tabulation of the participant's perception about their personal substance abuse/dependency by the computed variable subdepend in comparison with the perception of their personal mental illness status by the computed variable mentalil. As shown in Table 22, there is a significant statistical relationship (0.010) between mental illness and substance abuse/dependency at the 0.05 level of probability. As indicated in Table 22, 17 (40.5%) of the 42 participants reported having a mental illness but did not

perceive themselves to be dependent on a substance. However 8(19.0%) of the participants reported having a mental illness as well as a substance dependency.

## CHAPTER V

### DISCUSSION OF FINDINGS

This study proposes having parental substance abuse influencers, increase the risk of children developing substance dependencies as well as mental illness in their adulthood. The intention of this research was to recognize, define, and address this social issue. By identifying the risk factors for future generations of substance abusers and addressing some of the Biopsychosocial factors that aide in the development of this crisis, possible innovative intervention procedures for all communities can now be presented.

#### Summary of the Study

The conclusions and recommendations of this research study are presented in this chapter.

**Research Question:** Does having parental substance abuse influencers, increase the risk of a child developing substance dependencies and/or mental illness in their adulthood?

A cross-tabulation was completed to determine if there was a significant relationship between parental substance abuse influencers and children developing a mental illness in their adulthood. The first cross-tabulation consisted of the participant's perception about their personal mental illness status by the computed variable

([DIAGNOS + TREATED + ESTEEM + DISORDER + WORTHLES]/5) in comparison with the perception of parental substance abuse/dependency by the computed variable ([PARENTS + FELT + EXTREME + DRUNK + HOUSE]/5).

The results of the study indicate a significant statistical relationship (0.005) between mental illness and parental substance abuse at the 0.05 level of probability. Out of the 42 participants, 17 (40.5%) responded positively, and reported having a mental illness in addition to being exposed to parental substance abuse influencers during their childhood.

The findings suggest having parental substance abuse influencers during childhood increases the risk of developing mental illness in adulthood. 40.5% of the participants in the study reported witnessing their parents drinking and/or using drugs during childhood. These persons also reported being diagnosed and treated for mental illness, having a family history in mental illness, in addition to feeling alone worthless, and having low self-esteem.

Another cross-tabulation was conducted to determine if there was a significant relationship between parental substance abuse influencers and children developing substance dependencies in their adulthood. A cross-tabulation of the participant's perception about their personal substance dependency by the computed variable ([OVERWHL+ SEEME + ANGRY + NEGLECT + ATTENT]/5) in comparison with the perception of parental substance abuse/dependency by the computed variable ([PARENTS + FELT + EXTREME + DRUNK + HOUSE]/5) was conducted.

The research findings indicated out of 42 participants, 14 (33.3%) reported being exposed to parental substance abuse influencers during their childhood; however, did not



indicate any personal substance abuse/ dependency. However, 16.7 %( 7) of the 42 participants reported being exposed to parental substance influencers during their childhood in addition to having a personal substance dependency. The results suggest there is a significant statistical relationship (0.018) between parental substance abuse and substance abuse/dependency at the 0.05 level of probability.

The findings revealed that 16.7% reported witnessing their parents drinking and/or using drugs during childhood. They also reported being substance abusers themselves. Those participants had a negative substance dependency perception and viewed themselves as becoming overwhelmed and angry when unable to use drugs and/or drink alcohol. They also reported exposing their child to parental substance abuse in addition to being neglectful and inattentive to children while under the influence of a substance.

When the test statistic, chi squared was applied the Null Hypothesis was rejected thus affirming the Alternate Hypothesis, there is a significant statistical relationship between parental substance abuse and children developing substance dependency and mental illness in their adulthood.

As a result of the findings of this study the researcher is recommending the following:

1. Social workers should engage in additional research actions that will identify, define and address the risk factors of parental substance abuse influencers;
2. Social workers should begin to establish intervention methods of alleviation for future generations suffering with this public issue in order to end the reoccurring cycle of substance abuse/dependency in families and communities at large; and

3. Social workers should research and establish stronger collaborations with school systems, community resources, as well as state and governmental institutions in order to confront parental substance abuse cases in its early stages, thus assisting the family as a whole before detrimental factors are solidified in children.

### Implications for Social Work

Previous research indicates a significant relationship between parental substance abuse, mental illness and substance dependency amongst adults that were exposed to parental substance abuse in their childhood. The results of this study reaffirms there is high correlation between parental substance abuse influencers, mental illness, and substance abuse/and or dependency. Research illustrates, the higher the parental substance abuse influencers, the higher the risk of the child developing substance dependencies in addition to some type of mental illness in their adulthood. Children that have substance abusing parents are more likely to become substance abusers in their adulthood rather than those that do not have parents that abuse substances. It is important that social workers advocate for children in these predicaments.

The onset of parental substance abuse affects the child's current and future psychological/ psychosocial behaviors. Substance abuse interferes with the parent's capability to nurture and encourage their child. As a result the child experiences a lack of affection and self-worth.

If children are exposed to intervention procedures at early ages, reconstruction and counseling could be applied in order to regain a healthy psyche. Parental substance abuse encourages a negative and dangerous cycle to continue for generations. It is

crucial that social workers act as advocates and intermediaries for these children that are basically hopeless at not developing some type of substance dependency and/or mental illness in their adulthood.

This major public health issue is calling for a change in the social work field. Society as a whole is suffering from this nationwide dilemma, parental substance abuse influencers have detrimental effects on children's overall well-being. Substance abuse is a major public health issue is evident in all communities and cross over every cultural, economic, and social status barrier. In order to assuage this public health issue and diminish this *risk factor* for future generations, social workers must work autonomously as well as advocate for parents that are suffering from substance dependencies in order to end this ongoing cycle. Consequently, it is crucial that social workers become aware of parental substance abuse in its early stages, so that intervention procedures can be put into effect as soon as these conditions are exposed. This public health issue calls for social workers to act in a more autonomous fashion as well as have a stronger collaboration and conjunction with school systems, community resources, as well as state and governmental institutions.

Currently, there is a need for autonomous intervention programs. Social workers should be able to assist the family by counseling parents suffering with an addiction. The social worker would address the main problem which, is the drug addiction then assess and any other internalizing factors they might have from childhood. In addition to providing therapy to the substance abusing parents, social workers can apply a Strength Based Practice Model by instilling self-worth, value, and strength in the children that

have been exposed to parental substance abuse. Instilling strength based perspectives would be a crucial part in therapy because substance abuse is often intergenerational. Not only have children of substance abusers internalized the addiction they also might have neurologically factors that influence them to be engulfed by the disease. As a result, this public health issue is a serious problem and should be confronted in that manner.

Social workers will address the need of the substance abusing parent by applying psychotherapy and counseling to help identify their internalizing factors as well as administer family therapy to confront, address, and treat the need of the family as a whole. The Strengths Perspective will assist the children in recognizing and organizing their strengths. It will give them the ability to direct those strengths toward their goals and aspirations. The family as a whole with the guidance of social workers will be able to identify the disease of addiction that is intergenerational, thus allowing them to deal with the risk factors at hand and develop other means coping.

## APPENDICES

## SURVEY QUESTIONNAIRE

////////////////////////////////////

**1. Place a check next to your identifying Sex.**

**2. Place a check next to your identifying race and ethnicity.**

(4) \_\_\_\_\_ of Spanish Decent      (5) \_\_\_\_\_ Native American      (6) \_\_\_\_\_ Other

(1)        18-25    (2)        26-33    (3)        34-41    (4)        42-49

**4. My current relationship status is:**

(5)        Divorced

(1)\_\_\_\_ Yes      (2)\_\_\_\_ No

## APPENDIX A

(continued)

**6. I am or have been dependant on a substance.**

(1)\_\_\_\_ Yes      (2)\_\_\_\_ No

**Section II: How much do you agree with the following statements?** Write the appropriate number (1thru 4) in the black space in front of each statement on the questionnaire.

4= Strongly Agree      3=Agree      2=Disagree      1=Strongly Disagree

**Substance Dependency:**

- \_\_\_\_\_ 7. I feel overwhelmed when I do not drink alcohol or take drugs.
- \_\_\_\_\_ 8. My children see me drinking and/or doing drugs.
- \_\_\_\_\_ 9. When I DO NOT drink and/or do drugs I get very angry.
- \_\_\_\_\_ 10. I am neglectful to my children when I am drunk and/or high.
- \_\_\_\_\_ 11. I pay a lot of attention to my kid's when I am drunk and/or high.

**Parental Substance Abuse:**

- \_\_\_\_\_ 12. As a child, I witnessed my parents drinking and/or doing drugs.
- \_\_\_\_\_ 13. I felt neglected by my parents when I was a child.
- \_\_\_\_\_ 14. Often, my parents became extremely angry when they did not drink and/or do drugs.
- \_\_\_\_\_ 15. My parents did not pay a lot of attention to me when they were drunk and/or high.
- \_\_\_\_\_ 16. In my household growing up, the use of alcohol and/ or drugs was a normal occurrence.

## APPENDIX A

(continued)

**Mental Illness:**

- \_\_\_\_\_ 17. I have been diagnosed with a mental illness/disorder.
- \_\_\_\_\_ 18. I have been treated for a mental illness.
- \_\_\_\_\_ 19. I have low self-esteem.
- \_\_\_\_\_ 20. My parents were diagnosed with a mental illness/disorder.
- \_\_\_\_\_ 21. I sometimes feel worthless and/or alone.



## APPENDIX B

### SPSS PROGRAM ANALYSIS

TITLE 'STUDY ABOUT ALCOHOLISM AND DRUG USE'.  
SUBTITLE 'YMA KABIA-WILLIAMS MSW PROGRAM'.

DATA LIST FIXED/

ID	1-3
GENDER	4
ETHNIC	5
AGEGRP	6
RELATION	7
CHILDREN	8
SUBSTAN	9
OVERWHL	10
SEEME	11
ANGRY	12
NEGLECT	13
ATTENT	14
PARENTS	15
FELT	16
EXTREME	17
DRUNK	18
HOUSE	19
DIAGNOS	20
TREATED	21
ESTEEM	22
DISORDER	23
WORTHLES	24.

COMPUTE SUBDEPEN = (OVERWHL+SEEME+ANGRY+NEGLECT+ATTENT)/5.

COMPUTE PREABUSE = (PARENTS+FELT+EXTREME+DRUNK+HOUSE)/5.

COMPUTE MENTALIL =  
(DIAGNOS+TREATED+ESTEEM+DISORDER+WORTHLES)/5.

## APPENDIX B

(continued)

## VARIABLE LABELS

ID	'QUESTIONNAIRE NUMBER'
GENDER	'Q1 My Gender'
ETHNIC	'Q2 Ethnicity'
AGEGRP	'Q3 Age Group'
RELATION	'Q4 My current relationship status'
CHILDREN	'Q5 I have children'
SUBSTAN	'Q6 I am or have dependent on a substance'
OVERWHL	'Q7 I feel overwhelmed when I do not drink alcohol or take drugs'
SEEME	'Q8 My children see me drinking and doing drugs'
ANGRY	'Q9 When I do not drink and do drugs I get very angry'
NEGLECT	'Q10 I am neglectful to my children when I am drunk and high' 65
ATTENT	'Q11 I pay a lot of attention to my kids when I am drunk high'
PARENTS	'Q12 As a child I witnessed my parents drinking and doing drugs'
FELT	'Q13 I felt neglected by my parents when I was a child'
EXTREME	'Q14 Often, my parents became extremely angry when they did not drink and drugs'
DRUNK	'Q15 My parents did not pay a lot of attention to me when they were drunk and high'
HOUSE	'Q16 In my household growing up the use of alcohol and drugs was a normal occurrence'
DIAGNOS	'Q17 I have been diagnosed with a mental illness-disorder'
TREATED	'Q18 I have been treated for a mental illness'
ESTEEM	'Q19 I have low self-esteem'
DISORDER	'Q20 My parents were diagnosed with a mental illness-disorder'
WORTHLES	'Q21 I sometimes feel worthless and alone'.

## VALUE LABELS

GENDER	
1	'Male'
2	'Female'
3	'Both'
4	'Trans-sexual/'

## APPENDIX B

(continued)

## ETHNIC

- 1 'Caucasian'
- 2 'AfriAmerican'
- 3 'Asian'
- 4 'Spanish Decent'
- 5 'Native American'
- 6 'Other/'

## AGEGRP

- 1 '18-25'
- 2 '26-33'
- 3 '34-41'
- 4 '42-49'
- 5 '50-57'
- 6 '58-65'
- 7 '66+/'

## RELATION

- 1 'Single'
- 2 'Engaged'
- 3 'Married'
- 4 'Separated'
- 5 'Divorced/'

## CHILDREN

- 1 'Yes'
- 2 'No/'

## SUBSTAN

- 1 'Yes'
- 2 'No/'

## OVERWHL

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree/'

## SEEME

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree/'

## APPENDIX B

(continued)

## ANGRY

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## NEGLECT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## ATTENT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## PARENTS

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## FELT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## EXTREME

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## DRUNK

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## HOUSE

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## APPENDIX B

(continued)

## DIAGNOS

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## TREATED

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## ESTEEM

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## DISORDER

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## WORTHLES

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## SUBDEPEN

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## PREABUSE

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

## MENTALIL

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'.

## APPENDIX B

(continued)

RECODE OVERWHL SEEME ANGRY NEGLECT ATTENT (1 THRU 2.99=2)(3 THRU 4.99=3).

RECODE PARENTS FELT EXTREME DRUNK HOUSE (1 THRU 2.99=2)(3 THRU 4.99=3).

RECODE DIAGNOS TREATED ESTEEM DISORDER WORTHLES (1 THRU 2.99=2)(3 THRU 4.99=3).

RECODE SUBDEPEN PREABUSE MENTALIL (1 THRU 2.99=2)(3 THRU 4.99=3).

## MISSING VALUES

GENDER ETHNIC AGEGRP RELATION CHILDREN SUBSTAN OVERWHL

SEEME            ANGRY            NEGLECT ATTENT PARENTS FELT EXTREME  
DRUNK  
HOUSE            DIAGNOS TREATED ESTEEM DISORDER WORTHLES (0).

## BEGIN DATA

001224111131111311144412  
002126411111111111144114  
00312611211111111111111  
004215121322322323433333  
005124111411321111144114  
006124111211412411144412  
007123111442414444444414  
008124111312224444444214  
009122121111113331444414  
010125111341124312412412  
011125111211423113344321  
01212611212111111133333  
013125121312224444444224

01412612211111111111313  
015125322111324444444444  
016125111233414333444321  
01712551112111111111113  
018124111333333333333333  
019124111444434133444414  
020125421111414444444444  
021125411412423222333323  
022424122313113334333343

## APPENDIX B

(continued)

023124321441414444444444  
 024215111232234122422332  
 025124512441414444444444  
 026115122111111111144414  
 027216111343423233344333  
 028123122111113111111111  
 029223111122114413211123  
 030112122111114413144414  
 031126112244444444444444  
 032221111332234234411313  
 033222122211113211111111  
 034125311343314434432344  
 035223411332224444423313  
 036223311334314434344444  
 037144111424224444411213  
 038121112111111111211111  
 039112411444414444444444  
 040113121433324344333334  
 041223311334414444444444  
 042423111334314434432334  
 END DATA.

## FREQUENCIES

/VARIABLES GENDER ETHNIC AGEGRP RELATION CHILDREN SUBSTAN  
 OVERWHL

SEEME        ANGRY        NEGLECT ATTENT PARENTS FELT EXTREME  
 DRUNK

HOUSE        DIAGNOS TREATED ESTEEM DISORDER WORTHLES

SUBDEPEN PREABUSE MENTALIL

/STATISTICS=.

APPENDIX C  
IRB APPROVAL LETTER



**CLARK ATLANTA UNIVERSITY**  
Institutional Review Board  
Office of Sponsored Programs

December 11, 2008

Yma Kabia-Williams <YmaKabiaWilliams@gmail.com>  
School of Social Work  
Clark Atlanta University  
Atlanta, GA 30314

RE: A Study of Alcoholism, Drug Abuse and Mental illness as Risk Factors  
Among Adults whose Parents were Substance Abusers.

Principal Investigators: Yma Kabia-Williams

Human Subjects Code Number: HR2008-11-290-1

Dear Yma Kabia-Williams:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed and approved your protocol under expedited review process in accordance with 45 CFR 46.110.

New Protocol Approval Code is HR2008-11-290-1/A

This permit will expire on December 30, 2009. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office. If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.

Sincerely:

Paul I. Musey, Ph.D.  
Chair  
IRB: Human Subjects Committee

cc. "Dr. Robert Waymer" <[rwaymer@cau.edu](mailto:rwaymer@cau.edu)>  
Office of Sponsored Programs, "Dr. Georgianna Bolden"  
<[gbolden@cau.edu](mailto:gbolden@cau.edu)>

223 James P. Brawley Drive, S.W. \* ATLANTA, GA 30314-4391 \* (404) 880-8000  
Formed in 1988 by consolidation of Atlanta University, 1865 and Clark College, 1869



## APPENDIX D

### INFORMED CONSENT FORM

#### Informed Consent Form

This study discusses the disease of addiction and its hold on intergenerational cycles in addition to implications for social work intervention tactics. We would like your participation in completing this survey. Your involvement is essential to us and will assist in the evaluation of alcoholism, drug abuse, and mental illness as risk factors among adults whose parents were substance abusers.

We will keep all of your answers confidential. Your name will never be included in any report neither will your answers be linked to you in any manner. The information provided will be collaborated with each participant that is partaking in this appraisal.

This is not a mandatory survey, it is based solely on volunteer basis. You may choose at anytime to abstain from completing this appraisal. If you choose to participate, you may answer each question under discretion, and you are at liberty to not answer any question that will affect you negatively. Declining to participate in this survey will not have a harmful effect for you.

If you have any Questions please feel free to contact Yma Kabia-Williams through email [Ymakabiawilliams@gmail.com](mailto:Ymakabiawilliams@gmail.com) or Dr. Robert Waymer, Research Advisor at (404)880-8561.

By providing me with your signature below, you are agreeing to participate in this study, authenticate that this document has been explained to you in entirety, and confirm that you understand this consent form.

#### **Please Initial One:**

\_\_\_\_\_ I AGREE TO PARTICIPATE

\_\_\_\_\_ I DO NOT AGREE TO PARTICIPATE

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

## REFERENCES

- Alcoholics Anonymous. (2006). Definition. Retrieved on December 17, 2008 from <http://www.alcoholics-anonymous.org>
- Barry, K.L., & Flemming, M. F. (1990). Family cohesion, expressiveness and conflict in alcoholic families. *British Journal of Addiction*, 85, 81-87.
- Bijttebeir, P., Goethal, E., & Ansoms, S. (2006). Parental drinking as a risk factor for children's maladjustment: The mediating role of family environment. *Psychology of Addictive Behaviors*, 20(2), 126-130.
- Brown, S. (1988). Treating adult children of alcoholics: A developmental perspective. New York, NY: John Wiley and Sons.
- Burstein, M., Stanger, C., Kamon, J., & Dumenci, L. (2006). Parental psychopathology, parenting, and child internalizing problems in substance-abusing families. *Psychology of Addictive Behaviors*, 20(2), 97-106.
- Center on Addiction and the Family. (2008). Coping with substance abuse in your family? Retrieved on October 10, 2008 from <http://www.coaf.org/family>
- Chassin, L., Pitts, S., DeLucia, C., & Todd, M. (1999). A longitudinal study of children of alcoholics: Predicting young adult substance use disorders, anxiety, and depression. *Journal of Abnormal Psychology*, 108(1), 106-119.

- Clair, D., & Genest, M. (1987). Variables associated with the adjustment of offspring of alcoholic fathers. *Journal of Studies on Alcohol*, 48, 345-355.
- Clark Atlanta University. (2007). Whitney M. Young, Jr., School of Social Work class room instruction, 2007.
- Clark Atlanta University. (2008). MSW Program. Retrieved on October 10, 2008 from [https://www.cau.edu/Academics\\_MSW\\_Program\\_SoSW.aspx](https://www.cau.edu/Academics_MSW_Program_SoSW.aspx)
- Cuijpers, P., Langendoen, Y., & Bijl, R. V. (1999). Psychiatric disorders in adult children of problem drinkers: Prevalence, first onset and comparison with other risk factors. *Addiction*, 94, 1489-1498.
- Darling, N., & Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin*, 113, 487-496.
- Eiden, R., Edwards, E., & Leonard, K. (2006). Children's internalization of rules of conduct: Role of parenting in alcoholic families. *Psychology of Addictive Behaviors*, 20(3), 305-315.
- Eiden, R., Edwards, E., & Leonard, K. (2007). A conceptual model for the development of externalizing behavior problems among kindergarten children of alcoholic families: Role of parenting and children's self-regulation. *Developmental Psychology*, 43(5), 1187-1201.
- Eiden, R., Peterson, M., & Coleman, T. (1999). Maternal cocaine use and the caregiving environment during early childhood. *Psychology of Addictive Behaviors*, 13(4), 293-302.

- El-Sheik, M., & Flanagan, E. (2001). Parental problem drinking and children's adjustment: Family conflict and parental depression as mediators and moderators of risk. *Journal of Abnormal Child Psychology*, 29, 417- 432.
- Grinnell College. (2008). Social interactionalism. Retrieved on November 19, 2008 from <http://www.grinnell.edu/academic/sociology>
- Hegde, A., Veis, J. H., Seidman, A., Khan, S., & Moore, J. (2000). High prevalence of alcoholism in dialysis patients. *American Journal of Kidney Diseases*, 35, 1039–1043.
- Hussong, A. M., Wirth, R.J., Curran, P.J., Edwards, M.C., Chassin, L.A., & Zucker, R.A. (2007). *Journal of Abnormal Psychology*, 116(3), 529-542.
- Hyman, S., Paliwal, P., & Sinha, R. (2007). Childhood maltreatment, perceived stress, and stress-related coping in recently abstinent cocaine dependent adults. *Psychology of Addictive Behaviors*, 21(2), 233-238.
- Jackson, K.M., Sher, K.J., & Wood, P.K. (2000). Trajectories of concurrent substance use disorders: A developmental typological approach to comorbidity. *Alcoholism: Clinical and Experimental Research*, 24, 902-913.
- Jacob, T., & Windle, M. (2000). Young adult children of alcoholic: Depressed and Non distressed parents. *Journal of studies on alcohol*, 61, 836-844.
- Jacob, T., Windle, M., Seilhamer, R.A., & Bost, J. (1999). Adult children of alcoholics: Drinking psychiatric, and psychosocial status. *Psychology of Addictive Behaviors*, 13(1), 3-21.
- Kessel, D. H. (2008). Sociological theoretical perspectives. Retrieved on October 10, 2008 from [www.angelfire.com/or/sociologysoctheopers.html](http://www.angelfire.com/or/sociologysoctheopers.html)

- Lam, W., Kelly, M., & Fals-Stewart, W. (2008). Effects of parent skills training with behavioral couples therapy for alcoholism on children: A randomized clinical pilot trial. *Addictive Behaviors*, 33(8), 1076-1080.
- Lisak, D., & Bszterczey, S. (2007). The cycle of violence: The life histories of 43 death row inmates. *Psychology of Men and Masculinity*, 8(2), 118-128.
- Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In E. M. Hetherington (Ed.), *Handbook of Child Psychology: Socialization, personality, and social development* (4th ed., pp. 1-101). New York: Wiley.
- MacPherson, P., S. R., Stewart, S. H., & McWilliams, L. A. (2001). Parental problem drinking and anxiety disorder symptoms in adult offspring: Examining the mediating role of anxiety sensitivity components. *Addictive Behaviors*, 26, 917-934.
- Marcenko, M., Kemp, S., & Larson, N. (2000). Childhood experiences of abuse, later substance use, and parenting outcomes among low income mothers. *American Journal of Orthopsychiatry*, 70(3), 316-328.
- Melchert, T. (2000). Clarifying the effects of parental substance abuse, child sexual abuse, and parental care giving on adult adjustment. *Professional Psychology: Research and Practice*, 31(1), 64-69.
- Posner, M. I. & Rothbart, M. K. (2000). Developing mechanisms of self-regulation. *Development and Psychopathology*, 12, 427-441.

- Richter, L., & Richter, D. (2001). Exposure to parental tobacco and alcohol use: Effects on children's health and development. *American Journal of Orthopsychiatry*, 71(2), 182-200.
- Rodney, H. E., & Mupier, R. (1999). The impact of parental alcoholism on self-esteem and depression among African American adolescents. *Journal of Child and Adolescent Substance Abuse*, 8, 55-71.
- Sher, K. J. (1991). Children of alcoholics: A critical appraisal of theory and research. Chicago, IL: University of Chicago Press.
- Sher, K. J., Walitzer, K. S., Wood, P. K., & Brent, E. E. (1991). Characteristics of children of alcoholics: Putative risk factors, substance use and abuse, and psychopathology. *Journal of Abnormal Psychology*, 100, 427-448.
- Stanger, C., Higgins, S. T., Bickel, W. K., Elk, R., Grabowski, J., Schmitz, J., et al. (1999). Behavioral and emotional problems among children of cocaine and opiate-dependent parents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 421-428.
- Volkow, N. D. (2008). Drugs, brains, and behavior: The science of addiction. National Institute on Drug Abuse. Retrieved on October 10, 2008 from <http://www.nida.nih.gov>
- Vorst, H.V.D., Engels, R., Meeus, W., Dekovic, M., & Vermulst, A. (2006). Family factors and adolescent's alcohol use: A reply to Chassin and Handley (2006) and Fromme (2006). *Psychology of Addictive Behaviors*, 20(2), 140-142.
- West, M. O., & Prinz, R. J. (1987). Parental alcoholism and childhood psychopathology. *Psychological Bulletin*, 102, 204-218.

Zuckerman, D., Debenham, K., & Moore, K. (1993). The ADA and people with mental illness: A resource manual for employers. The National Mental Health Association, 703, 684-7722.